

Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> <b>FEE TRANSMITTAL</b>  <b>For FY 2005</b>  <b>AUG 25 2005</b> </div>		<b>Complete if Known</b>	
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$ ) <b>1020.00</b>		Application Number	<b>09/606,257</b>
		Filing Date	<b>June 29, 2000</b>
		First Named Inventor	<b>Harry R. Chesley</b>
		Examiner Name	<b>Hussein A. El Chanti</b>
		Art Unit	<b>2157</b>
		Attorney Docket No.	<b>141494.01</b>
		Express Mail Label No.	

<b>METHOD OF PAYMENT</b> (check all that apply)	
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: <b>50-0463</b> Deposit Account Name: <b>MICROSOFT CORPORATION</b>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

<b>FEE CALCULATION</b>
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	<b>0</b>
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	<b>0</b>

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
40	- 40 or HP= 0	x 50	= 0	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20				0	0

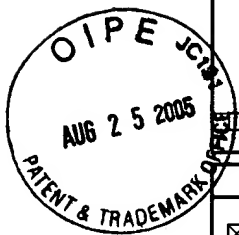
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	- 6 or HP= 0	x 200	= 0
HP = highest number of independent claims paid for, if greater than 3			

<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
Total Sheets _____ - 100 = 0	Extra Sheets _____ / 50 = 0 (round up to a whole) number x 250 = 0

<b>4. OTHER FEE(S)</b>		<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)		0
Other: Extension Of Time Request		1020

SUBMITTED BY		
Signature 	Registration No. (Attorney/Agent) <b>47,648</b>	Telephone <b>(425) 707-3913</b>
Name (Print/Type) <b>Paul Heynsens</b>	Date <b>August 23, 2005</b>	



<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/606,257
		Filing Date	June 29, 2005
<input type="checkbox"/> Sent via Express Mail Label No.:		First Named Inventor	Harry R. Chesley
		Group Art-Unit	2157
		Examiner Name	Hussein A. El Chanti
		Attorney Docket Number	141494.01
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> <b>Fee Transmittal Form (in duplicate; \$1020.00 total fee.)</b> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to TC	
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) ( sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet	
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____ <u>August 23, 2005</u> Date Signature <u>Paul Heynssens</u> Printed Name	<input checked="" type="checkbox"/> <b>General Power of Attorney (SB80)</b> <input checked="" type="checkbox"/> <b>37 CFR 3.73(b) Statement</b> <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> <b>Return Receipt Postcard</b> <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> <input checked="" type="checkbox"/> <b>Copy of this transmittal form.</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.			
<b>SIGNATURE OF ATTORNEY OR AGENT</b>			
Signature <u>Paul Heynssens</u>		Reg. No.	47,648
Name of Attorney or Agent		Paul Heynssens	
Date	August 23, 2005	Tel.	(425) 707-3913
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Customer Number:		22971	